

NASSAU COUNTY

DEPARTMENT OF HEALTH



2003
ANNUAL REPORT

Thomas R. Suozzi
Nassau County Executive

David M. Ackman, M.D., M.P.H.
Commissioner of Health

NASSAU COUNTY **DEPARTMENT OF HEALTH**

2003 ANNUAL REPORT

Our Vision

The Nassau County Department of Health will lead a public health system that works to create healthy communities.

Our Mission

The Nassau County Department of Health promotes and protects the health of the residents of Nassau County. The mission is accomplished through direct services and community partnerships in the following areas:

- Prevention of environmental health hazards through assessment, regulation and remediation.
- Investigation and control of communicable diseases, including agents of bioterrorism.
- Promotion of healthy behaviors through education, outreach and training.
- Promotion of equal access to culturally and linguistically appropriate health care and allied services.
- Development and dissemination of local health data.
- Creation of innovative solutions to public health problems

NASSAU COUNTY DEPARTMENT OF HEALTH ANNUAL REPORT

Table of Contents

| | Page |
|--|-------------|
| Health Department Vision and Mission Statement | 3 |
| The Nassau County Board of Health | 6 |
| Message from the Commissioner | 8 |
| Health Department Highlights | 9 |
| Health Department's Mission: | |
| Protecting the Environment | 11 |
| Controlling Infectious Diseases | 12 |
| Promoting Healthy Lifestyles | 14 |
| Ensuring Access to Healthcare | 15 |
| Development and Dissemination of Data | 18 |
| Innovative Solutions to Public Health Problems | 20 |
| Health Department's Divisions: | |
| Office of the Commissioner | 23 |
| Environmental Health | 23 |
| Disease Control | 28 |
| HIV/AIDS Control | 30 |
| Community & Maternal Child Health | 31 |
| Public Health Laboratory | 32 |
| Appendix | |
| Organizational Chart | 35 |
| Revenues by Type | 36 |
| Expenditures by Type | 37 |
| Expenditures by Control Center | 38 |
| Cases of Notifiable Diseases Report Annual Table | 39 |
| Early Intervention (EI) Program Referrals Chart | 40 |
| EI Cases Closed, Individualized Family Service Plan, Caseloads | 41 |
| EI Program Trends | 42 |
| Laboratory: STD's Testing Summary | 43 |
| Laboratory: STD's Positive Findings | 44 |
| Laboratory: Environmental Test Summary | 45 |
| Departmental Programs Telephone Numbers | 46 |

Nassau County Board of Health



Bruce A. Lister
Chair



Norma J. Henriksen
Vice Chair



Lawrence Ravich, M.D.



Samuel M. Gelfand, M.D.



Joan L. Caemmerer



David M. Ackman, M.D., M.P.H.
Commissioner and Secretary to the Board

Nassau County Board of Health

Role and Responsibilities

The Nassau County Charter created the Nassau County Board of Health and the Nassau County Department of Health in 1938.

The Board of Health, which meets monthly, consists of five members, two of whom must be physicians. The County Executive recommends them to the Nassau County Legislature for five-year terms to enforce the public health law as well as New York State and local sanitary codes. The Board may:

- Prescribe the duties and direct the Commissioner of the Department of Health.
- Make and publish orders and regulations for the preservation of life and health.
- Make orders and regulations for the supervision of nuisances and other matters detrimental to the public health in special or individual cases.
- Restrain, by injunction, violators of its orders and regulations.
- Issue subpoenas, compel the attendance of witnesses, and administer oaths and compel testimony.
- Issue warrants to peace officers to enforce the law.
- Prescribe and impose penalties for violations of, or failure to comply with, its orders or regulations or any of the regulations of the state sanitary code.

Inquiries to the Nassau County Board of Health can be addressed to:

Mr. Bruce A. Lister, Chair
Nassau County Board of Health
C/o Nassau County Department of Health
240 Old Country Road, Mineola, New York 11501

Message from the Commissioner 2003

“An impossible responsibility has been placed on America’s public health agencies: to serve as stewards of the basic health needs of entire populations, but at the same time avert impending disasters and provide personal health care to those rejected by the rest of the health care system. The wonder is not that American public health has problems, but that so much has been done so well, and with so little.”

Institute of Medicine, *The Future of Public Health* (1998)

For the Nassau County Department of Health, 2003 was a perfect illustration of the dilemma described above. Our responsibilities in emergency preparedness continued to grow while we grappled with the threat of new diseases. At the same time, long-standing responsibilities continued to demand most of the department’s resources. Our challenge was to respond rapidly to the new and novel but not losing sight of the key factors affecting the health of Nassau’s residents.

For the third time in four years, the specter of a new infectious disease suddenly emerging and traveling across the globe became real for Nassau County. In the winter of 2003 an unknown, highly infectious lung disease emerged in China and quickly spread to Vietnam and Thailand, and finally Toronto. The world quickly learned about SARS (severe acute respiratory syndrome), and throughout the United States, measures were taken to prevent its introduction and spread. Then in the spring of 2003, a zoonotic disease, Monkeypox, was carried from Africa by jerboas, a rodent imported for sale as pets. Again, the Nassau County Department of Health had to respond by tracking down and collecting potentially infectious animals.

The enduring problems of health and health care disparities gained greater attention due to the groundbreaking work of the Minority Health Task Force. The task force, convened by County Executive Suozzi, made important recommendations regarding cultural competency among human service and health care providers and advocated for better local data on the health of minority communities.

Bioterrorism preparedness, and West Nile Virus, the “hot” public health issues of the last several years, lost some of their urgency, but the work remained. The Department continued to develop and test plans for rapid response to a suspected bioterrorist attack, and carried out the first civilian smallpox vaccination program in over 30 years. Mosquito control, viral surveillance, and frequent discussions “to spray or not to spray” remained a major summer focus for environmental health.

As we dealt with the novel, the emerging, the reemerging or the newly topical, staff continued to carry our basic mandates: to protect the environment, to assure safe food and water, to provide services to those most in need, and to promote healthy behaviors. While we were gratified to report on our successes, we were also reminded that there are still grave threats to the public health. AIDS, smoking, the rise of obesity, barriers to adequate medical and mental health care, unintended pregnancies and substance abuse are large problems in many of our communities. I believe that communities, working with government, medical providers, and other organizations, have the ability to bring many of these problems to bay.

David M. Ackman, M.D. M.P.H.
Commissioner of Health

HIGHLIGHTS FOR 2003

Emergency Preparedness

For the past two years, the Health Department has worked with county and state agencies, local hospitals and professional organizations to improve our ability to investigate, respond to, and limit the damage from a bioterrorist attack. In 2003, the Health Department received an additional grant to develop a Medical Reserve Corps (MRC). The MRC is an all volunteer group of individuals trained in various professional disciplines that will be enlisted to serve the community and the Health Department during large-scale emergencies, such as an influenza epidemic, chemical spill or act of terrorism.

Responding to SARS (Severe Acute Respiratory Syndrome)

In 2003, a massive outbreak of a severe acute respiratory syndrome (SARS) occurred in China, Hong Kong and other parts of Southeast Asia. The spread to other areas of the world demonstrated the rapid global movement of this highly infectious disease. In Nassau County, a total of seven possible cases were thoroughly investigated. All were either isolated or quarantined and were closely monitored for evidence of symptoms throughout the infectious periods. Six had traveled to areas where community transmission had occurred; the seventh individual was a health care worker who had been exposed to a suspect case in a hospital in another county.

Addressing Healthcare Disparities

The County Executive created the Minority Health Task Force, composed of government officials, healthcare administrators/providers and community advocates with the Deputy Commissioners of Health and Mental Health as co-chairs. The Task Force developed recommendations, and action groups were created to work on several projects: cultural competency training for healthcare providers, promoting healthy lifestyle behaviors among school children and a community health events calendar. There was also a flu immunization promotional campaign targeted to minority communities via faith-based organizations and media, a cultural competency workshop for all senior management in the Health and Human Services departments and a two-day CDC-sponsored workshop, "Affirming a Future with Hope: HIV and Substance Abuse Prevention for African American Communities of Faith."

Clean Indoor Air Act

Since the spring of 2003, smoking has not been permitted in any workplace in Nassau County. This provides restaurant and bar employees the same protections other workers have enjoyed for many years. The county's leadership on this issue helped pave the way for the state law that we currently enforce. In addition, the Health Department now offers free smoking cessation programs to county residents.

WIC (Women, Infants and Children) Program

In the past two years, WIC enrollment has grown from 10,000 to over 12,000 participants. WIC, a special supplemental food program also offering participants nutrition counseling and education, operates at seven sites across the County, including the newest one in Glen Cove.

Record Levels for Immunization Coverage

For the first time, Nassau County achieved the New York State Department of Health Year 2003 immunization goal to have at least 90% of all two-year-old children immunized with the basic immunizations: 4 doses of diphtheria-tetanus-pertussis, 3 doses polio, 1 dose measles-mumps-rubella, 3 doses haemophilus influenza type B and 3 doses hepatitis B vaccines (4-3-1-3-3). Eighty four percent (84%) of these same children had tests for lead at age one year and 81% had lead tests at age two years. New York State regulations require that all one and two year old children be assessed for exposure to lead and be tested for lead.

Strengthened Public Health Partnerships

The Health Department has been actively engaged in strengthening its partnerships with health care providers and community-based organizations. This has resulted in new initiatives in chronic disease control, perinatal services and grants to Planned Parenthood (AIDS Prevention) and the Nassau Partnership for Healthy Communities, a collaboration among 22 Nassau County health care, social services, government and community-based organizations.

Mission: Protecting the Environment

One of our foremost missions is to provide a safe and healthy environment for our citizens and to prevent environmental health hazards. The Health Department's activities range from monitoring the quality of drinking water to protecting Long Island's sole source aquifer from toxic spills and land contamination.

Northeast Blackout

On August 15th, the entire Northeast suffered the largest blackout in U.S. history. The public health response to this emergency was both immediate and extensive, including oversight of the water supply and sewage facilities as well as protection against foodborne outbreaks. The department immediately verified that all 49 public water systems could meet demands using emergency power. One water system voluntarily issued a "boil water notice" when water pressure had dropped immediately upon the onset of the blackout. Water pressure among their customers was shortly restored with manually operated emergency power. Approximately 750 high-risk food establishments in Nassau County were visited during a two-day period, insuring that unsafe foods were discarded. When the New York State Office of Emergency Management requested Nassau's assistance in New York City, a field team of eight inspectors worked a ten hour day on August 17th, assisting the New York City Health Department to inspect food service establishments and initiating corrective action where necessary.

Public Water System Security Program

In August 2002, New York State required all public water systems serving over 3,300 people to complete vulnerability assessments (VA) (including vulnerability to terrorist threats), and update their existing emergency response plans (ERP) based on the findings in the assessments. The Department of Health reviewed 39 VA's and 39 ERP's from those county water systems. These systems are working to fulfill the required conditions to obtain final approval of their VA's and ERP's, which is anticipated in 2004.

Source Water Assessment Program

The Health Department assisted the New York State Department of Health (NYSDOH) in conducting the Long Island Source Water Assessment Program (LISWAP). Each assessment includes maps delineating the water recharge area and identifying potential sources of contamination. A final report was distributed in August of 2003 to all public water supply officials, the Nassau County Department of Public Works and county and planning officials.

Protecting the Environment – By the Numbers

- Inspected 5,755 food service establishments, including checks for compliance of the new 2003 NYS Clean Indoor Air Act
- Collected over 4,800 samples of drinking water for comprehensive testing
- Processed the removal of 156 fuel tanks
- Processed the abandonment of 2,649 fuel tanks by homeowners
- Commenced 429 enforcement actions
- Assessed \$179,175 in penalties for violations of the N.Y. State Sanitary Code
- Set 810 mosquito traps at 42 locations across the county
- Gathered 596 pools of mosquitoes for testing; 29 tested positive for WNV
- Speciated over 34,000 individual mosquitoes; identified 22 different species
- Analyzed 1,261 dead bird reports
- Collected 37 birds for West Nile virus testing

Mission: Controlling Infectious Disease

Controlling infectious disease is the most visible and dynamic responsibility for public health agencies. In 2003, two new diseases provided novel challenges for the department.

SARS Investigation

In the spring of 2003, Nassau County reported its first suspected case of the highly contagious, new illness known as SARS (Sudden Acute Respiratory Syndrome.) Migrating from China, SARS spread to many countries, including the United States. Nassau County had one patient who had returned from a four-week stay in Singapore. As with every communicable disease, the Health Department closely monitored the patient's condition and those who were in close contact with her. There is still great uncertainty about the cause, transmission and clinical course and treatment of SARS. The federal government was so concerned about the spread of SARS that they added it to the list of diseases for which health officials have authority to quarantine Americans. It was the first time in two decades that a new disease was added to the quarantine list.

Monkeypox Investigation

The health of humans and animals can be intimately connected. Health officials became concerned that Monkeypox, found in prairie dogs, might become transmissible among humans. Health Department epidemiologists investigated a suspect cluster of human Monkeypox cases in Nassau County when a ferret bit an individual in a local pet store

that had housed prairie dogs which had been in contact with animals diagnosed with Monkeypox. Later, other family members had similar symptoms. While these cases were being investigated, the federal Centers for Disease Control and Prevention (CDC) and the NYSDOH requested the department retrieve nine prairie dogs that had been sold in the pet store. Four sanitarians equipped with gloves, masks and animal carriers, together with curbside police escort and an open-bed pickup truck retrieved the nine animals from six locations. Subsequently, all tests on the family and on the prairie dogs were negative for Monkeypox.

West Nile Virus Surveillance and Control

After the West Nile virus (WNV) was first detected in September 1999, the Nassau County Departments of Health and Public Works enhanced the County's existing Mosquito Control Program and conducted surveillance for possible human cases of the disease. Surveillance included trapping mosquitoes across the county, identifying breeding areas suitable for larvicide applications, collecting and submitting mosquitoes and dead birds for virus testing, and responding to citizen complaints and inquiries. In 2003, over 800 traps were set and almost 600 pools of mosquitoes were collected. Over 1,200 dead bird reports were analyzed, 37 birds were collected for testing and 20 were found positive for WNV. The department also began surveillance for possible human cases through daily contacts at all Nassau County hospitals. In 2003, the department investigated 91 reports of individuals suspected of having West Nile virus disease and, of these, 13 were confirmed with the disease, including one who died.

Enhanced Partner Notification for HIV/AIDS

In 2003, Health Department staff began the new Enhanced Partner Notification Program (PNAP) where counselors help patients notify their sexual and/or needle-sharing partners. They are notified in order to inform them about their risks for HIV infection, where to get counseling and testing, how to prevent the spread of HIV and where to get treatment if they are infected. In December, the Department began offering OraQuick, the 20-minute rapid HIV test for Nassau County residents at very high risk for HIV.

Controlling Infectious Diseases – By the Numbers

- Received 15,236 laboratory reports of 64 communicable diseases
- Arranged for clinical testing of 91 suspect human cases of West Nile virus
- Confirmed 13 human cases of West Nile virus infection and one death
- Investigated 636 suspected tuberculosis cases
- Provided 8,371 observations for all 56 confirmed cases of TB as part of the Directly Observed Therapy Program
- Certified 983 participants in the Food Manager's Training Course and re-certified 374 in safe food handling practices
- Partnered with the Nassau County Department of Senior Citizen Affairs and the Nassau University Medical Center to immunize more than 16,000 senior citizens with influenza vaccine

Mission: Promoting Healthy Lifestyles

Promoting healthy lifestyles requires a wide-ranging approach that addresses problems from pregnancy through old age, and recognizes the role of race, culture and other factors in establishing healthy behaviors.

Tobacco Control

The Department's "Quitting for Your Family," program trains medical providers to help pregnant women quit smoking during pregnancy. Smoking during pregnancy is the most important risk factor for low birth weight and other birth defects. Infants and young children living in homes where parents smoke are more likely to suffer from asthma and respiratory infections. The Department also offers free smoking cessation courses through its B.E.A.T (Be Empowered Against Tobacco) program. The Department is also an active participant in the Tobacco Action Coalition of Long Island (TACLI), which sponsors countermarketing and youth empowerment programs.

Senior Citizen Vaccination Program

The Health Department, together with the Department of Senior Citizen Affairs and Nassau University Medical Center, offers vaccinations against influenza and pneumonia for Nassau County seniors. Dozens of immunization clinics are set up across Nassau County to reach as many older individuals as possible. The Department also developed outreach efforts to increase vaccination rates among African-Americans and Latinos.

Women, Infants & Children Program (WIC) Program

WIC is a nutrition education program that provides supplemental food for pregnant, breastfeeding, and postpartum women, infants, and children up to age five. In 2003, WIC exceeded its caseload and served over 12,000 participants each month. WIC operates permanent clinic sites in Hempstead, Freeport, New Cassel, Elmont, and Nassau University Medical Center. WIC services were provided in the communities of Long Beach and Glen Cove a few days a month in host sites. Plans are in place to convert the satellite in Glen Cove to a full service permanent site; participants from the Long Beach site will receive services at one of the other locations.



WIC staff performs a blood test as part of an evaluation of the child's nutritional status.

Promoting Healthy Lifestyles – By the Numbers

- Immunized 14,997 residents with flu vaccine
- Immunized 1,433 with pneumococcal vaccine
- Provided nutrition education and food supplement each month to over 12,000 women, infants and children in the WIC Program
- Provided case management services to 145 at-risk pregnant women in the Village of Hempstead through the Community Health Worker Program

Mission: Ensuring Access to Health Care

Although the Health Department has not offered direct clinical services since 1999, the department has developed partnerships with providers and community organizations to help all residents receive adequate health care.

Minority Health Task Force

To specifically address the health needs of minority populations, the Minority Health Task Force was created and charged with finding ways to make certain the County's health care system is equitable to all, regardless of race, ethnic background, sex,

disability, age, or socio-economic status. The task force provided County Executive Suozzi with nine specific recommendations on how to improve health care provided to minorities in Nassau County. The Task Force ended 2003 with plans to create workgroups devoted to promoting cultural competency and working with schools.

Nassau Partnership for Healthy Communities

With the North Shore-Long Island Jewish Health System, the Department worked with a coalition of health care providers, county agencies and community organizations to successfully apply for a Healthy Communities Access Program (HCAP) grant. The grants will provide more than \$3 million over three years to improve the organization, quality, and access to health care for the poor.

Early Intervention Program (EI)

During 2003, 6,576 children received Early Intervention services. These services include: evaluation, speech/language therapy, physical therapy, occupational therapy, special education, family counseling, transportation and service coordination.

The EI Program is responsible for authorizing, coordinating, evaluating and paying for specialized services to children under three years of age with developmental delays, as well as services to their families. Services are managed through an Individual Family Service Plan (IFSP) with contracted agencies serving as evaluators and service providers.



Some member's of The Local Early Intervention Coordinating Council's (LEICC) Autism Sub-Committee

The Nassau County Perinatal Services Network (NCPSN)

In 2003, the Perinatal Services Network provided services to over 500 pregnant and/or parenting women. The network identifies gaps in service and barriers to accessing care for at-risk pregnant women in order to reduce infant morbidity and mortality. It also develops and implements strategies to reduce or eliminate these gaps. The network is a consortium of over 50 diverse health and human service providers and represents more

than 25 agencies/organizations and consumers. Linkages with the Nassau County Department of Drug & Alcohol Addiction and the Nassau County Department of Social Services were strengthened in an effort to enhance our ability to efficiently serve more women. The network continues to partner with other organizations to deliver services to families and provide education to consumers and providers.

The Community Health Worker (CHW) Program

In the 2002-2003 grant year, CHWP provided services to 145 families. Of those, 97.2% were indigent and underserved pregnant women. One hundred and eleven (111) infants were screened for developmental delays; three babies were referred to the Early Intervention Program for evaluation. The program continues to outreach and provide case management services to high-risk and low-income pregnant women in the Village of Hempstead. Collaboration efforts continue throughout the year with other maternal child health programs across Nassau County.



A Celebration of Mothers: An education program sponsored by the Nassau County Perinatal Services Network and EOC's Healthy Start Program.



Geraldine Lewis (right) is a Community Health Worker providing case management services to pregnant and parenting women in Hempstead Village. Here, she is visiting the McClam family (L-R): Aikeem, Deanna, Ms. Andrea McClam, Kareem, Najahia, and Ms. Lewis.

Ensuring Access to Healthcare – By the Numbers

- Served 6,576 infants, toddlers and their families in the Early Intervention Program
- Provided medical, surgical, rehabilitative, orthodontic or other related services to 1,000 children in the Physically Handicapped Children's Program
- Inspected over 200 X-ray facilities and 57 mammography units
- Provided \$5 million to Nassau University Medical Center to support essential public health services such as treatment of tuberculosis and sexually transmitted diseases.

Mission: Development and Dissemination of Data

The year 2003 saw a significant increase in the development and dissemination of data to county residents. Reports now available include Mosquito Control, Community Health Assessment, Traffic Pedestrian Safety and Long Island Source Water Assessment Program.

Nassau County Geographic Information Systems

In 2003, the Health Department, in cooperation with the Nassau County Fire Marshal, Fire and Rescue and a county consultant, developed the new Nassau County Geographic Information Systems (GIS) list of landmark classifications. This will be used as a basis for creating a comprehensive map of landmarks to better address potential public health risks.

Public Information

For the first time, a series of advertisements were created and placed in selected weekly and minority newspapers promoting flu immunizations for adults. Among the health data added to the website www.co.nassau.ny.us/health were answers to frequently asked questions (FAQs), reports on AIDS, demographic data, disease information, Health Department 2002 and 2003 Annual Reports, and links to other health-related websites.



***Some of the hundreds of informative reports
and brochures available to the public***

Development and Dissemination of Data – By the Numbers

- Responded to approximately 100,000 inquiries and complaints
- Disseminated 102 press releases to electronic and print media
- Mailed 5,800 pamphlets to bars and restaurants containing information on the new Clean Indoor Air Act that took effect in July 2003.
- Enhanced information on the Health Department website:
www.co.nassau.ny.us/health

Mission: Innovative Solutions to Public Health Problems

The Department intends to be a national leader for local public health agencies by creating model programs, competing for awards, and exploring new and creative ways to carry out our mission.

Bioterrorism (BT) and Smallpox Preparedness

The Bioterrorism (BT) Preparedness Program is a unique, multidivisional unit charged with the coordination, planning and implementation of public health response to biological emergencies. This program manages resources for development and implementation of a Bioterrorism Response Plan in collaboration with the New York State Department of Health and the Nassau County Office of Emergency Management (OEM).

In conjunction with the Nassau County OEM, the Health Department held two Point of Distribution (POD) drills this year. The first drill was designed to test our ability to set up a POD, and the second drill was held to determine the accuracy of staffing and patient flow ratios for dispensing medications. The plan would be activated in the event that smallpox reappeared or was judged extremely likely to reappear due to a bioterrorist event.

The Environmental Laboratory was certified in a new testing category, "Critical Agents of Bioterrorism". *Bacillus anthracis* (Anthrax) is the only agent specifically identified in this category, but it could easily be expanded to include other agents. Presently, this certification allows the testing of surface swabs for the presence of Anthrax spores. The laboratory has also formed a "Biosafety Review Committee" which quarterly evaluates and reports on the activities of the laboratory relative to agents of bioterrorism as well as the supportive programs it maintains for other County agencies.



Health Department staff prepare to administer smallpox vaccinations to the public during a BT Drill at the Levittown Memorial High School.

Model Practices Awards

The Health Department received two prestigious Model Practices Awards from the National Association of County and City Health Officials (NACCHO) for programs with, “exemplary and replicable qualities.”

1) Targeted Tuberculosis Testing Program

The Department’s innovative Tuberculosis (TB) Control Program targets testing and case management for high-risk populations. It responds to the high TB morbidity in the new immigrant population by seeking to identify and treat those with Latent Tuberculosis Infection (LTBI). Barriers to testing and treatment include distrust of the public health system, language barriers, and difficulty accessing the healthcare system in Nassau County. By providing this population with initial TB evaluation in a setting that they trust, the Department of Health is able to access individuals at high risk for developing TB disease and is able to provide therapy for LTBI in order to eliminate tuberculosis.

2) Child Day Care Facility Siting Review Process

This process prevents inappropriate siting of children’s day care centers. It identifies remediable hazards at a day care location before children or facility staff are harmed. It includes a comprehensive review of all new or renovated child day care facilities. The review includes food sanitation, lead paint hazards, air quality and general sanitation. It also checks proximity to contaminated sites to prevent exposure from toxins in or around the facility as well as ensuring compliance with all applicable environmental health programs, including water supply, bathing facilities and sewage disposal.

“Spring Fever” HIV/STD Prevention Programs at Prom Time

“Spring Fever” programs were designed to reduce risky behaviors associated with student prom night activities. These targeted programs were conducted for senior students at Hempstead, Roosevelt and Uniondale High Schools. HIV/STD prevention education included a STD slide show, a handshake exercise demonstrating how HIV is transmitted, a STD Bingo game, and an interactive question and answer session. Over 350 students were reached with this important health information in 2003.

DIVISIONS

Office of the Commissioner

Voice: (516) 571-2260

Fax: (516) 571-3369

Fiscal

In 2003, the Health Department's general fund budget was \$69.7 million of which \$68.2 million was expended. Fringe benefits, which are now budgeted centrally for the county, were \$8.1 million, resulting in total general fund expenditures of \$76.3 million.

In 2003, the general fund received \$3.7 million in revenue from permits and fines, \$8.4 million from department revenues, and \$27.0 million in state aid reimbursement.

The department also received \$7.6 million in grant funds in addition to the \$6.7 million Ryan White grant monies managed for Nassau and Suffolk Counties.

Human Resources

Voice: (516) 571-4250

Fax: (516) 571-1307

After significant staffing losses in 2002, levels stabilized in 2003 due to increased grant funding and the employment of more part-time staff. General fund personnel included 240 full-time and 17 part-time employees. Grant fund personnel included 99 full-time and 12 part-time staff. At year-end there were a total of 368 employees, an increase of 14 since the beginning of 2003. The department also participated in the second annual countywide Performance Appraisal Project that evaluated each employee's performance and potential abilities.

Environmental Health

Voice: (516) 571-3691

Fax: (516) 571-1475

The Division of Environmental Health is divided into three Bureaus: Environmental Protection, Environmental Investigation and Environmental Sanitation. It protects the community from adverse effects resulting from environmental pollution, unsanitary conditions or unsafe practices. It monitors and promotes safe drinking water, food, and indoor and ambient air quality. It investigates complaints, conducts tobacco compliance checks, responds to emergency spills and incidents, controls and regulates the storage, handling and disposal of hazardous material and toxic chemicals and monitors the abatement of household lead hazards. It inspects radiological health diagnostic

equipment, food service establishments, and provides education to food handlers as well as investigates food-borne outbreaks. It oversees recreational facilities including children's camps, pools and bathing beaches, certifies lifeguards and tattoo artists, conducts mosquito control surveillance and coordinates the Nassau County Pesticide Policy.

Additional Environmental Health Highlights - 2003

- Monitored the removal of 156 homeowner tanks and the abandonment of 2,559 homeowner tanks.
- Monitored the removal of 232 commercial tanks and the abandonment of 7 commercial tanks.
- Reviewed the reports of 214 additional tank tests.



Public Health Sanitarian Scott Zinck conducts a lecture during the Food Manager's Training Course. The course was the most successful since the start of the program in 1981.

- Trained food service workers to help prevent foodborne disease outbreaks in restaurants, delicatessens and other food service establishments. 983 students were certified; 374 were recertified.
- Conducted 593 toxic and hazardous material storage facility inspections.

- Promoted Integrated Pest Management procedures and the Nassau County Pesticide Policy that advocates the minimal use of pesticides and the avoidance of their misuse.



Public Health Sanitarian, Richard Shanley, tests the water quality at a public bathing facility.

- Inspected over 200 X-ray facilities and 57 mammography units.
- Responded to 720 reports of animal bites and arranged for 42 animal heads to be submitted for rabies virus testing.
- Performed 44 environmental lead investigations, plus 53 additional inspections in response to reports of elevated blood lead levels in children six years old or younger.
- Responded to over 15,800 inquiries and complaints including: asbestos, animal bites, bathing beaches, food-borne outbreaks in food service establishments, second-hand smoke, mosquitoes, rodents, water and air pollution, drinking water quality, etc.



Public Health Sanitarian Bonnie Sollog completes the inspection of a food service establishment.

- Inspected 5,755 food establishments, including checks for compliance of the new 2003 NYS Clean Indoor Air Act
- Reviewed and approved engineering construction plans for 72 water supply facilities, 102 toxic and hazardous material storage tanks and areas, four realty subdivisions, six commercial sanitary disposal systems, and 469 water service line backflow prevention devices.
- Monitored the quality of source and distribution system drinking water and collected over 4,800 samples for comprehensive testing.
- Conducted 28 inspections of major sources of air pollution regulated by the NYSDEC under Title V of the Clean Air Act Amendments of 1991.
- Commenced 429 enforcement actions and assessed \$179,175 in penalties for violations of the New York State Sanitary Code.



Public Health Sanitarian Steven Gervasio collects water quality samples from a public supply well.

- Continued the Adolescent Tobacco Use Prevention Act (ATUPA) compliance checks with minors program to deter the sale of tobacco to those under 18 years of age. A total of 1,704 "stings" were conducted resulting in a compliance rate of 85% by tobacco vendors.
- Monitored 67 public supply wells and 8 golf course irrigation wells in a cooperative program with the Suffolk County Department of Health Services and the NYS Department of Environmental Conservation in order to identify and define any potential impact on groundwater quality from agricultural, residential and commercial land uses.



An emptied petroleum tank is removed from the ground during the remediation of a contaminated site.

- In cooperation with the New York State Department of Health and the NYS Department of Environmental Conservation continued to investigate gasoline spills and assist in the determination of the impact of these spills.
- Analyzed 1,261 dead bird reports and collected 37 birds for WNV testing; 20 were confirmed positive for WNV. Set 810 mosquito traps; gathered 596 pools of mosquitoes; 29 tested positive for WNV.
- Investigated areas with significant groundwater contamination by organic chemicals and cooperated with the NYS Departments of Health and the NYS Department of Environmental Conservation as well as the US Environmental Protection Agency to assess health risks and remediation needs.

Disease Control

Voice: (516) 571-3471

Fax: (516) 571-1537

The Division of Disease Control protects the public from the spread of communicable diseases through the investigation of reported communicable diseases, surveillance for diseases and by taking appropriate actions to prevent potential outbreaks. Some of the actions taken to prevent outbreaks include: immune globulin prophylaxis for individuals exposed to hepatitis A, immunizations for people exposed to measles, and confirmation of appropriate treatment for individuals with tuberculosis (TB). Disease Control also

maintains a 24-hour medical consultation service for notifiable diseases and for physician consultation.



Nassau County Department of Health, Bureau of TB Control, Targeted Testing Staff. The program won the 2003 National Association of County and City Health Officials (NACCHO) Model Practices Award for excellence in public health for Targeted Tuberculin Testing in New Immigrant Communities. Left to right, back row: Valerie Dantzler, CHSA, Joanne Maniscalco, Supervisor, Dominic Lampasi, SHI; front row: Romeo Alvarado, CSA, Denise McGarry-Faulkner, LPN, Ileana Vargas, CSA, Melanie Hammett, RN

Additional Disease Control Highlights - 2003:

- Received 15,236 laboratory reports of 64 mandated communicable diseases, including 959 laboratory reports of possible Lyme disease.
- Verified the diagnosis of 1,361 reports of communicable diseases (excluding tuberculosis and sexually transmitted diseases), including 655 food-borne illnesses, 73 cases of Lyme disease, 176 cases of meningitis and 68 cases of hepatitis B.
- Investigated and verified the diagnosis in 636 suspect tuberculosis cases. Provided case management for all 56 confirmed cases of TB until completion of the 6-18 month course of treatment.

- Provided daily Directly Observed Therapy (DOT) services for all persons receiving medications for TB disease. In 2003, 8,371 DOT observations were made.
- The number of TB cases decreased to the lowest ever reported in Nassau County (56 cases), a rate of 4.2 cases per 100,000 people. In the past decade, the rate decreased 47% from 1994 when there were 115 cases or a rate of 8.9 cases per 100,000 people.
- Identified and tested 316 persons in contact with infectious TB individuals in 2003.
- Received reports of the results of blood lead tests on 28,500 children and entered the data into the New York State mandated electronic management program LEADTRAC.
- Made 96 home education visits for children with elevated lead levels
- Provided case management services to 211 children with blood lead levels ≥ 10 ug/dl (0.7% of all children tested), including 37 children (0.01%) with lead levels ≥ 20 ug/dl.
- Tobacco Prevention: Bureau staff presented 266 tobacco prevention programs to 4,468 fifth through twelfth graders in more than 50 schools in 21 school districts.
- The “Quitting for Your Family” Program: This new grant funded program promotes best practices and community awareness to assist pregnant women, new mothers, and their partners to quit smoking.
- B.E.A.T. (Be Empowered Against Tobacco): Four separate tobacco cessation programs were conducted, each one consisting of seven hour-long weekly sessions providing behavior modification, coping skills and a 24/7 support helpline.

Division of HIV and STD Control

Voice: (516) 571-2019

Fax: (516) 571-1691

Activities focus on risk reduction, education, and early identification of those infected with HIV, gonorrhea, syphilis and chlamydia. These activities are done in partnership with health care providers, community-based organizations, members of the faith community and schools as well as other county agencies. The division also serves as a repository for HIV/AIDS and STD statistics and assists newly infected individuals in notifying their sexual and needle-sharing contacts through its PartNer Assistance Program (PNAP).

Additional HIV and STD Control Highlights - 2003

- Nassau and Suffolk Counties together are considered an “Eligible Metropolitan Area” (EMA) for purposes of federal funding under the Ryan White Care Act.
- As of December 31, 2002, there were 3,028 people living with AIDS and an estimated additional 2,728 with HIV in the EMA.
- Nassau County has served as the applicant, grantee and initial recipient of the Ryan White Title 1 Grant Award for the Nassau-Suffolk EMA since 1993. These awards have increased from an initial \$2,012,809 to \$5,951,789 for fiscal 2004.
- A total of 107,709 units of service were provided to clients in both counties.
- From January through September, 201 HIV pre-test counseling sessions and 182 post-test sessions were provided at the Nassau H442 HIV pre-test counseling sessions and 334 post-test sessions at the Nassau Health Care Corporation Community Health Centers. Of the 201, three individuals were found to be HIV positive.
- From January through September, 170 HIV counseling and testing sessions and 113 post-test session were provided at the Nassau County Correctional Center. Of the 153 tested, five were found HIV positive.
- 2,733 high-risk individuals received one-on-one instruction on HIV prevention at local barbershops, beauty parlors, nail salons, libraries, bus stops and street corners.
- 3,223 individuals at community-based agencies and other venues received programs on HIV prevention.
- 4,991 adolescents from youth agencies, the Juvenile Detention Center and schools across Nassau County received HIV/AIDS prevention education.

Community & Maternal Child Health Services

Voice: (516) 571-2254

Fax: (516) 571-1665

The Division of Community & Maternal Child Health Services provides administrative support to community-based programs and facilitates coordination and integration of services to children and families. The Division includes:

- Community Health Worker Program
- Office of Children with Special Health Care Needs

- ✧ Early Intervention Program
- ✧ Physically Handicapped Children's Program
- Office of Emergency Medical Services and Bioterrorism Preparedness
- Perinatal Services Network
- *Women, Infants & Children Program (WIC) Program*

Additional Community & Maternal Child Health Services Highlights:

- Provided nutrition education and food supplement to over 12,000 women, infants & children each month in the WIC Program
- Served 6,576 infants and toddlers and their families in the Early Intervention Program
- Provided medical, surgical, rehabilitative, orthodontic or other related services to 1,000 children in the Physically Handicapped Children's Program
- Provided case management services to 145 at-risk pregnant women in the Village of Hempstead through the Community Health Worker Program
- Provided information and referral services to 500 at-risk pregnant women through the Perinatal Services Network

Public Health Laboratories

Voice: (516) 572-1202

Fax: (516) 572-1206

The Division of Public Health Laboratories provides essential analytic and diagnostic laboratory services to assess the status of community health in Nassau County. It maintains the necessary technical expertise and instrumentation to evaluate disease outbreaks, monitor disease control programs, and test for the presence of bacterial and chemical contaminants in the environment. It serves as a center for developing health assessment methodologies, rapid response capabilities to new etiological agents, investigative protocols for disease outbreaks, technological support for prevention and control strategies and rapid response capabilities during environmental emergencies.

Six specialized clinical and environmental laboratory units provide:

- serodiagnostic screening and confirmatory testing for communicable diseases
- immune status evaluation for communicable diseases
- comprehensive cultural and microscopic capabilities for identifying the pathogenic agents of communicable diseases
- capabilities for tracking foodborne illnesses

- identification of disease carrying insects
- capabilities for the identification of bacterial and chemical agents in water, air, soil, dust, and consumer products
- environmental screening for critical agents of bioterrorism (Anthrax)
- Spectrometric "fingerprinting" of unknown chemical agents can be performed to address chemical spills or other environmental emergencies involving toxic and hazardous materials

Clinical Laboratory

HIV Testing

HIV testing during 2003 showed a significant preference for the oral fluid procedure, "Orasure". Oral fluid specimens are easier to collect and are more acceptable to patients because of the non-invasive method of specimen collection. The volume of testing has dropped slightly in 2003 (6,574 tests in 2002 compared to 6,312 tests in 2003), but the frequency of positive findings in 2003 was 1.7%. In December 2003, the department started doing HIV testing with the new 20 minute "OraQuick" test.

Sexually Transmitted Diseases

With grant funding from the New York State Department of Health, the STD laboratory continued to expand its screening program using the newly introduced DNA Probe procedure which allows for the simultaneous determination of both N. gonorrhea and Chlamydia on a single urine specimen. A 36% increase was observed in the number of specimens received for these two tests compared to 2002. This was primarily due to the major initiative at the Nassau County Correctional Center to screen and treat infected inmates before they were released back into their respective communities. The overall percent positive rate for these two sexually transmitted diseases in 2003 was 4.6% for Chlamydia and 1.9% for N. gonorrhea.

Foodborne Illnesses

The Public Health Laboratory is the only Nassau County facility that addresses the threat of foodborne illnesses such as Hepatitis A, Salmonella, Shigella and Campylobacter. Since these illnesses are highly communicable, outbreaks caused by infected food handlers must be evaluated and corrective action implemented as quickly as possible. The laboratory maintains a capability to respond to foodborne outbreaks on a 24-hour per day, seven-day per week basis.

Environmental Laboratory

West Nile Virus

A total of 810 mosquito traps were received and 34,791 mosquitoes speciated in 2003. Twenty-two different species of mosquitoes were identified with 85% of the total

represented by six major species. *Culex pipiens/restuans* continues to be the most abundant mosquito species identified (42.5%) and also the one in which the West Nile virus (WNV) is most frequently detected.

A total of 596 mosquito pools were sent to the New York State Department of Health for virus testing, 29 (4.9%) tested positive for the WNV. All of the 29 positive pools were *Culex pipiens/restuans*. The frequency of positive pools was slightly lower in 2003 as compared to 2002 (4.9% in 2003 and 6.4% in 2002). The laboratory also served as a transport center for dead birds collected for WNV testing. A total of 37 birds were tested in 2003 with 20 (54%) of them testing positive.

Ozone Monitoring

Using EPA's eight hour rolling average standard, the ozone concentration in ambient air tested at the Health Department's Hempstead continuous air monitoring station exceeded the established air quality standard only four times, June 24 – June 27, 2003

Beach Monitoring for Water Quality Standards.

The evaluation of enterococcus as a bacterial indicator of water quality continued through the 2003 beach season. Staff conducted parallel testing to evaluate the interpretive significance of this bacterial indicator when compared with the total coliform and fecal coliform. During the 2003 season, beach closures were based on the collective evaluation of all three bacterial measurements among other criteria.

Cooperative Partnership with the Department of Public Works Laboratory.

The laboratories of the Nassau County Department of Health and Department of Public Works continue to maintain the partnership established in 2002 by supporting each other's programs with laboratory resources from both departments. This has helped eliminate the need for seeking expensive laboratory services from private laboratories. The Health Department continues to perform coliform testing on wastewater samples for the Department of Public Works while the Department of Public Works continues to perform Biochemical Oxygen Demand testing for the Health Department.

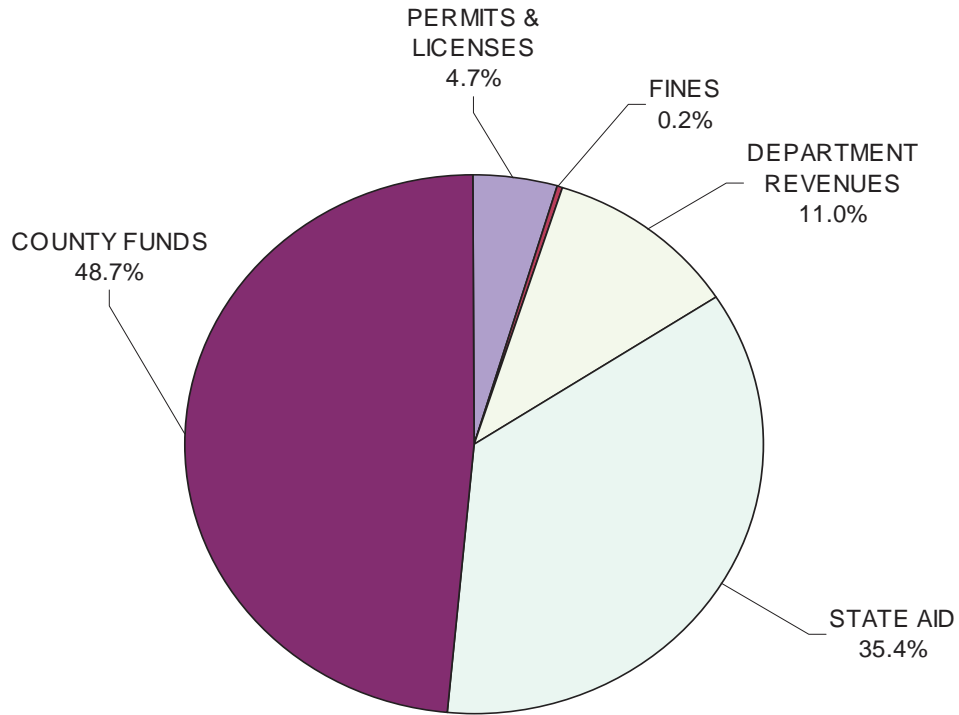


**NASSAU COUNTY
DEPARTMENT OF HEALTH**



CHART 1
JULY -2004
NASSAU COUNTY
DEPARTMENT OF HEALTH

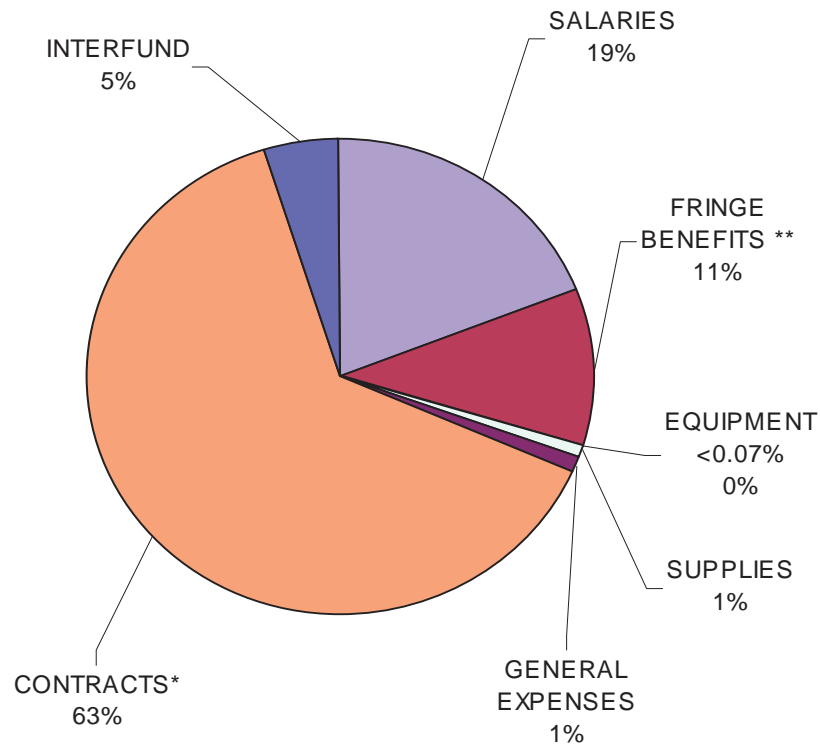
NASSAU COUNTY DEPARTMENT OF HEALTH **FY2003 REVENUES** **BY TYPE**



| | |
|---------------------|----------------------------|
| PERMITS & LICENSES | \$3,561,720 |
| FINES | 151,665 |
| DEPARTMENT REVENUES | 8,410,226 |
| STATE AID | 27,015,242 |
| COUNTY FUNDS | 37,143,213 |
| TOTAL | <u>\$76,282,066</u> |

Note: Nassau County Department of Health also received \$7.6 million in grant funds, in addition to the \$6.7 million Ryan White grant monies managed for Nassau and Suffolk Counties.

NASSAU COUNTY DEPARTMENT OF HEALTH **FY2003 EXPENDITURES** **BY TYPE**



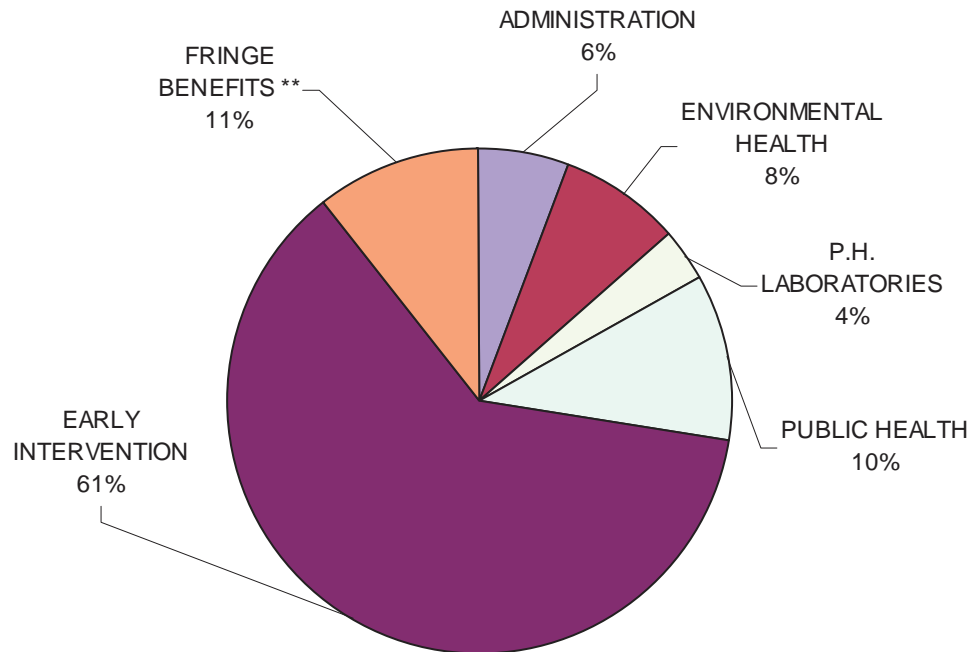
| | |
|----------------------------|----------------------------|
| SALARIES | \$14,527,062 |
| FRINGE BENEFITS ** | 8,115,126 |
| EQUIPMENT <0.07% | 52,193 |
| SUPPLIES | 572,876 |
| GENERAL EXPENSES | 971,409 |
| CONTRACTS* | 48,403,083 |
| INTERFUND | 3,640,317 |
| TOTAL | <u>\$76,282,066</u> |

* Contracts include payments to Early Intervention (EI) providers and \$5.0 million payment to NUMC for provision of essential public health services

** As of FY2003, fringe benefits are budgeted centrally for the County.
The amount above represents the fringe benefit costs allocated to the Health Department.

Note: Nassau County Department of Health also received \$7.6 million in grant funds, in addition to the \$6.7 million Ryan White grant monies managed for Nassau and Suffolk Counties

NASSAU COUNTY DEPARTMENT OF HEALTH **FY2003 EXPENDITURES** **BY CONTROL CENTER**



| | |
|-----------------------------------|----------------------------|
| HE10 - ADMINISTRATION | \$ 4,365,134 |
| HE20 - ENVIRONMENTAL HEALTH | 5,931,274 |
| HE30 - PUBLIC HEALTH LABORATORIES | 2,709,568 |
| HE40 - PUBLIC HEALTH | 7,884,729 |
| HE51 - EARLY ENTERVENTION | 47,276,235 |
| FB10 - FRINGE BENEFITS ** | <u>8,115,126</u> |
| | <u><u>\$76,282,066</u></u> |

** As of FY2003, fringe benefits are budgeted centrally for the County.
The amount above represents the fringe benefit costs allocated to the Health Department.

Note: Nassau County Department of Health also received \$7.6 million in grant funds, in addition to the \$6.5 million Ryan White grant monies managed for Nassau and Suffolk Counties.

NASSAU COUNTY REPORTABLE CASES OF NOTIFIABLE DISEASES ANNUAL TABLE

| DISEASE | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|----------------------------|------|------|------|------|------|------|------|------|------|------|
| Amebiasis | 29 | 21 | 20 | 25 | 31 | 29 | 20 | 32 | 13 | 18 |
| Babesiosis | 2 | 2 | 4 | 5 | 2 | 3 | 3 | 2 | 1 | 3 |
| Botulism | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Brucellosis | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Campylobacteriosis | 279 | 253 | 198 | 189 | 196 | 195 | 190 | 167 | 171 | 198 |
| Chlamydia* | -- | -- | -- | -- | -- | -- | 349 | 1229 | 1335 | 1662 |
| Cholera | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Cryptosporidiosis | 6 | 16 | 9 | 16 | 14 | 23 | 20 | 6 | 11 | 2 |
| Cyclospora | -- | -- | 14 | 28 | 4 | 1 | 3 | 1 | 0 | 0 |
| E.Coli: NON 0157 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 6 |
| E. Coli 0157:H7 Inf. | 8 | 7 | 12 | 2 | 11 | 7 | 18 | 18 | 11 | 5 |
| Ehrlichiosis | -- | -- | -- | -- | -- | -- | 3 | 0 | 0 | 0 |
| Encephalitis | 0 | 6 | 8 | 7 | 6 | 12 | 21 | 14 | 32 | 16 |
| Foodborne Illness | 0 | 0 | 0 | 4 | 7 | 1 | 6 | 10 | 1 | 0 |
| Giardiasis | 189 | 195 | 222 | 201 | 176 | 187 | 183 | 145 | 150 | 122 |
| Gonococcal Inf. | 623 | 627 | 338 | 263 | 369 | 383 | 423 | 470 | 496 | 442 |
| Haemophilus Infl. (Inv.) | 20 | 7 | 0 | 8 | 8 | 8 | 12 | 6 | 12 | 28 |
| Haemophilus Infl.B. (Inv.) | -- | -- | -- | -- | -- | -- | 0 | 2 | 0 | 1 |
| Hemolytic Uremic Synd. | -- | -- | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Hepatitis A | 56 | 39 | 53 | 61 | 60 | 29 | 49 | 59 | 45 | 30 |
| Hepatitis B | 33 | 22 | 21 | 29 | 20 | 11 | 23 | 17 | 20 | 20 |
| Hepatitis C (Non A/Non B) | 0 | 5 | 0 | 2 | 2 | 1 | 1 | 3 | 4 | 1 |
| Hepatitis – unknown | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 |
| Hepatitis B Carrier Preg. | 69 | 67 | 42 | 77 | 55 | 38 | 48 | 77 | 62 | 48 |
| Hospital Assoc. Infection | -- | -- | -- | -- | -- | -- | 1 | 0 | 0 | 0 |
| Legionellosis | 3 | 5 | 5 | 4 | 5 | 3 | 9 | 5 | 7 | 9 |
| Listeriosis | 4 | 6 | 6 | 14 | 6 | 15 | 15 | 3 | 9 | 6 |
| Lyme Disease | 181 | 166 | 164 | 122 | 110 | 105 | 88 | 48 | 79 | 73 |
| Malaria | 12 | 16 | 24 | 10 | 17 | 10 | 19 | 19 | 10 | 11 |
| Measles | 9 | 0 | 5 | 2 | 0 | 2 | 0 | 2 | 0 | 1 |
| Meningitis, Aseptic | 65 | 82 | 86 | 69 | 100 | 24 | 93 | 172 | 178 | 150 |
| Meningitis, Pneumo. | 8 | 10 | 15 | 6 | 7 | 0 | 2 | 1 | 0 | 0 |
| Meningitis, Other Bact. | 26 | 27 | 23 | 16 | 21 | 25 | 8 | 15 | 15 | 16 |
| Meningitis, Unspec. | 7 | 21 | 22 | 22 | 25 | 19 | 11 | 9 | 2 | 0 |
| Meningococcal Infection | 9 | 9 | 8 | 10 | 7 | 6 | 10 | 7 | 3 | 9 |
| Mumps | 0 | 2 | 2 | 2 | 0 | 1 | 3 | 2 | 1 | 0 |
| Pertussis | 11 | 9 | 13 | 11 | 4 | 7 | 12 | 4 | 7 | 69 |
| Psittacosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rocky Mtn. Spotted Fever | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| Rubella | 0 | 0 | 1 | 2 | 5 | 17 | 0 | 0 | 1 | 0 |
| Salmonellosis | 297 | 298 | 285 | 290 | 214 | 209 | 192 | 193 | 226 | 168 |
| Sars: Probable | -- | -- | -- | -- | -- | -- | -- | -- | -- | 1 |
| Suspect | -- | -- | -- | -- | -- | -- | -- | -- | -- | 4 |
| Shigellosis | 68 | 107 | 72 | 67 | 95 | 77 | 222 | 279 | 63 | 78 |
| Strep Group A, Invasive | -- | 3 | 25 | 29 | 27 | 29 | 30 | 43 | 28 | 41 |
| Strep Group B, Invasive | -- | -- | -- | 2 | 14 | 32 | 38 | 43 | 57 | 84 |
| Strep Pneumoniae Inv. | -- | -- | 18 | 19 | 34 | 68 | 94 | 134 | 137 | 114 |
| Syphilis: Early | 65 | 32 | 21 | 17 | 9 | 11 | 4 | 7 | 14 | 15 |
| Syphilis: Late | 185 | 199 | 175 | 197 | 141 | 109 | 73 | 58 | 52 | 94 |
| Syphilis: Congenital | 9 | 10 | 2 | 3 | 3 | 3 | 2 | 2 | 1 | 4 |
| Toxic Shock Syndrome | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| Tuberculosis | 115 | 95 | 82 | 84 | 90 | 74 | 70 | 94 | 65 | 56 |
| Typhoid Fever | 2 | 2 | 4 | 7 | 6 | 3 | 4 | 4 | 4 | 3 |
| Vibrio Parahaemolyticus | -- | -- | -- | -- | -- | -- | -- | -- | -- | 5 |
| West Nile Virus | - | - | - | - | - | 6 | 0 | 4 | 11 | 16 |
| Yersiniosis | 12 | 13 | 7 | 14 | 8 | 8 | 8 | 10 | 4 | 5 |
| Total | 2410 | 2386 | 2014 | 1948 | 1922 | 1798 | 2388 | 3417 | 3344 | 3635 |
| --Not Reportable In Year | | | | | | | | | | |

EARLY INTERVENTION PROGRAM
Monthly Report – December 2003

Referrals

| Referred By: | Current Month | Year to date # % | |
|---|--------------------------|--------------------------------|--------------|
| Birth Certificate | 0 | 0 | 0 |
| Community Program | 56 | 876 | 21.91 |
| Developmental Disabilities Service Organization | 0 | 0 | 0 |
| Early Childhood Direction Center | 5 | 120 | 3.00 |
| Infant-Child Health Assessment Program | 15 | 185 | 4.63 |
| Foster Care Agency | 0 | 6 | .15 |
| Hospital | 11 | 181 | 4.53 |
| New Born Screen | 0 | 0 | 0 |
| Prenatal Care Assistance Program | 0 | 0 | 0 |
| Physically Handicapped Children's Program | 0 | 0 | 0 |
| Primary Health Care Provider | 2 | 81 | 2.03 |
| WIC | 0 | 0 | 0 |
| Parent/Family* | 155 | 2,608 | 65.21 |
| Other County Department of Health | 0 | 4 | .10 |
| Visiting Nurse/Home Health Care Agency | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 |
| Total Children Referred | 244 | 3,999 | 100 % |
| *Parent Referral Breakdown: 12/03 | Current Month | Year to date # % ** | |
| Pediatrician | 80 | 1,374 | 34.36 |
| Friend/Neighbor | 25 | 341 | 8.53 |
| EI Program In Another County | 6 | 50 | 1.25 |
| EI Program Previously Ineligible | 26 | 437 | 10.93 |
| Elder Sibling In EI | 7 | 216 | 5.40 |
| Program/Therapist | 1 | 33 | .83 |
| CPSE | 2 | 37 | .93 |
| Child Care Providers/Community Agencies | 8 | 114 | 2.85 |
| Media | 0 | 4 | .10 |
| Total Parent Referrals | 155 | 2,608 | 65.21 |

**Percent of Total Referrals

EARLY INTERVENTION PROGRAM

Monthly Report - December 2003 Cases Closed

| Reason for Closure* | Current Month | Year to Date # % | |
|-------------------------------------|---------------|---------------------|--------------|
| Delay/Condition resolved | 74 | 591 | 15.01 |
| Family Refused | 30 | 438 | 11.12 |
| Can't locate family | 0 | 35 | .90 |
| Transferred to 3-5 System | 133 | 999 | 25.34 |
| Evaluation found not eligible | 129 | 1,304 | 33.07 |
| Family move-out of county | 6 | 62 | 1.60 |
| Family move-out of state | 4 | 63 | 1.61 |
| Child died | 0 | 4 | .10 |
| Transferred to I-CHAP | 2 | 26 | .71 |
| Parents Refused - Contact in 2 mos | 0 | 34 | .90 |
| Ageout, Not 3-5 refer to other prog | 3 | 17 | .43 |
| Ageout, Not 3-5, no referrals | 11 | 47 | 1.20 |
| Ageout, Elig for 3-5 unknown | 138 | 322 | 8.21 |
| Duplicate record for this child | 0 | 1 | .03 |
| Other | 0 | 0 | 0 |
| Total Cases Closed* | 530 | 3,943 | 100 % |

*May have been referred in previous months

Individualized Family Service Plans

| | |
|---------------------------------|-----|
| Interim IFSPs developed | 3 |
| New IFSPs developed | 178 |
| Periodic IFSP reviews conducted | 261 |

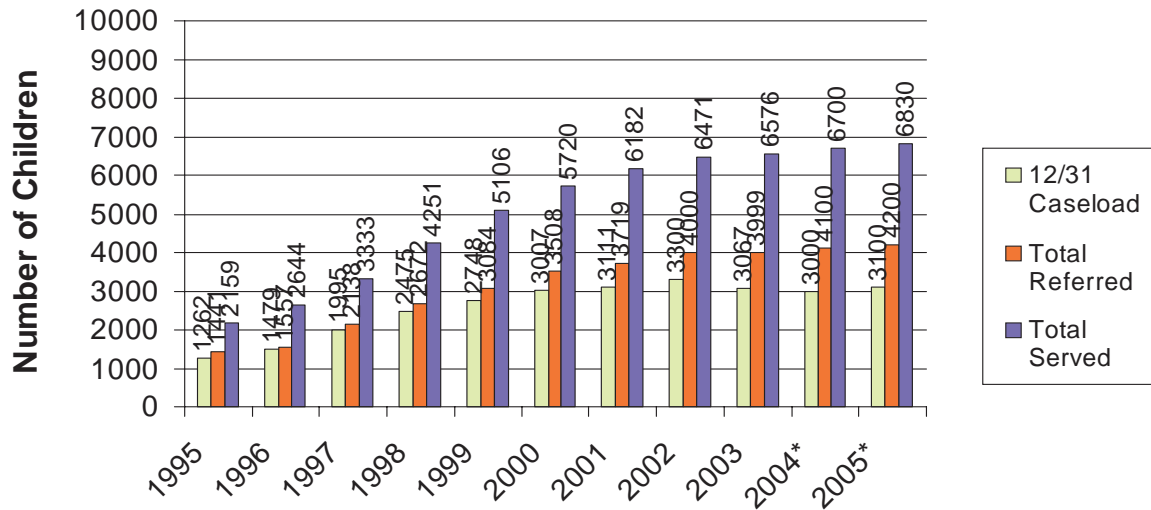
Caseload

| | |
|--|--------------|
| Number of children in process of development of IFSP | 464 |
| Number of children receiving IFSP services | 2,603 |
| Total Caseload | 3,067 |
| Average Caseload per Service Coordinator | 80 |

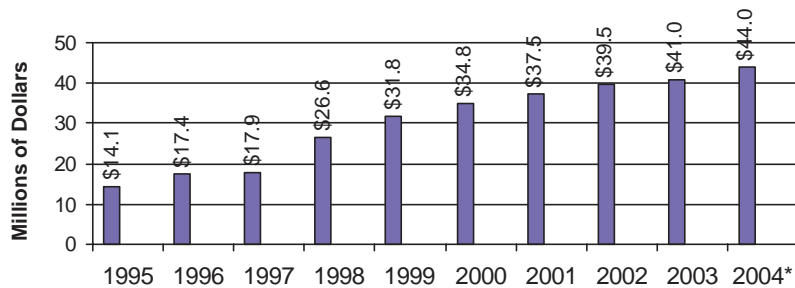
Nassau County Department of Health Early Intervention Program

Program Trends

Caseload, Referrals & Children Served



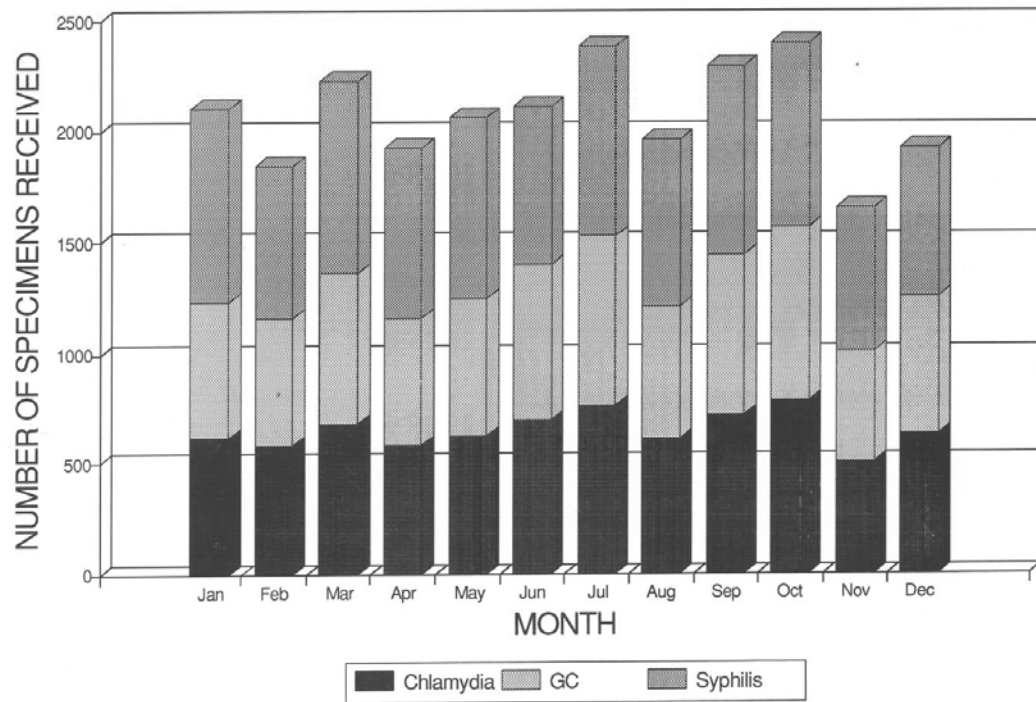
Millions of Dollars Spent on EI Services (excluding transportation)



*Projected

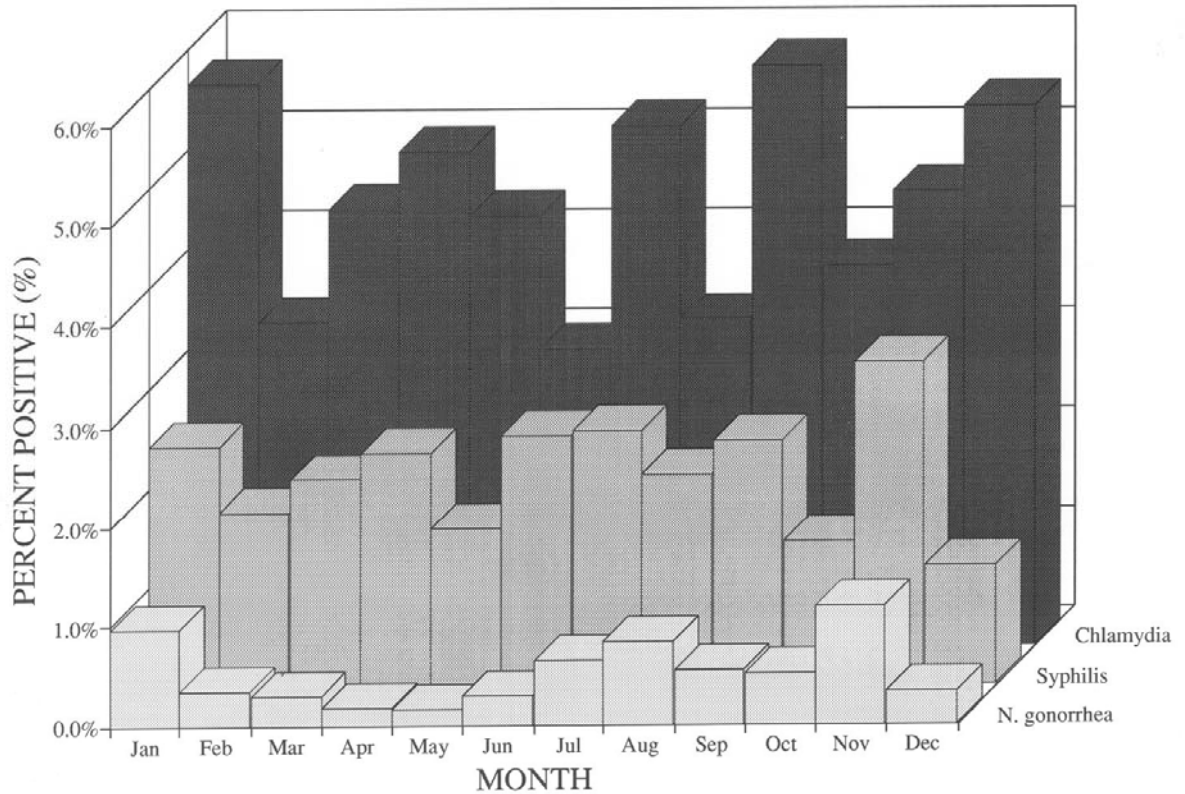
Nassau County Department of Health Laboratory

2003 ANNUAL TESTING SUMMARY SEXUALLY TRANSMITTED DISEASES



Nassau County Department of Health Laboratory

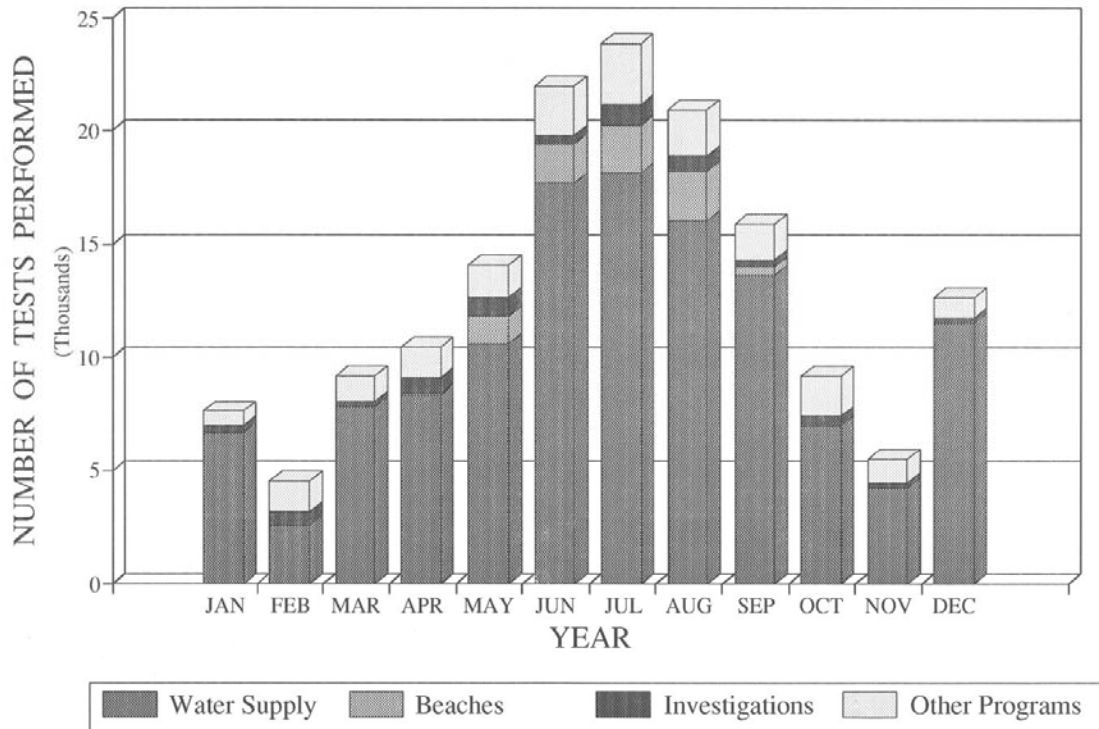
2003 SUMMARY OF POSITIVE FINDINGS SEXUALLY TRANSMITTED DISEASES



Nassau County Department of Health Laboratory

Environmental Testing Summary

Monitoring for Environmental Hazards



DEPARTMENTAL PROGRAMS TELEPHONE NUMBERS

GENERAL INFORMATION.....571-3410

AFTER HOURS EMERGENCIES..... 742-6154

AIDS-HIV HOTLINE (Counseling Testing).....565-4628
AIR QUALITY.....571-3232
ANIMAL BITES571-2290
BIOTERRORISM PREPAREDNESS PROGRAM571-3231
CANCER EPIDEMIOLOGY.....571-1515
CHEMICAL STORAGE571-3314
CHILD HEALTH PROGRAMS571-3749
CHILDREN'S SUMMER DAY CAMPS571-3680
COMMISSIONER'S OFFICE.....571-2260
COMMUNICABLE DISEASE CONTROL571-3471
COMMUNITY HEALTH ASSESSMENT571-3344
COMMUNITY HEALTH WORKER PROGRAM.....572-0934
COMPLAINTS-GENERAL NUISANCES571-3678
DIVISION OF DISEASE CONTROL571-3471
DOG BITES.....571-2290
DRINKING WATER.....571-3323
EARLY INTERVENTION CHILD FIND (Formerly ICHAP).....571-2452
EARLY INTERVENTION PROGRAM571-3749
EMERGENCY MEDICAL SERVICES571-2672
ENVIRONMENTAL ENGINEERING571-2404
ENVIRONMENTAL HEALTH DIRECTOR571-3691
FOOD COMPLAINTS & GENERAL INFO.....571-3680
HAZARDOUS TANK REGISTRATION ABANDONMENT571-3314
HEALTH EDUCATION.....571-3345
HEAT AND HOUSING COMPLAINTS.....571-3679
HIV BUREAU571-2019
HIV PARTNER NOTIFICATION PROGRAM571-0215
HOUSING COMPLAINTS571-3678
HUMAN RESOURCES.....571-4250
IMMUNIZATION ACTION PROGRAM.....571-1680
INDUSTRIAL WASTE571-3314
INFORMATION AND REFERRAL SERVICE571-3410
INJURY PREVENTION PROGRAM571-3737
LABORATORY- 209 MAIN ST HEMPSTEAD572-1202
LEAD POISONING PREVENTION PROGRAM.....571-2310
LIFEGUARD CERTIFICATION571-2591
LYME DISEASE INFORMATION.....571-2006

| | |
|--|----------|
| MEDICAL EXAMINER | 572-5150 |
| MEDIA LIAISON | 571-3417 |
| MOSQUITO CONTROL PROGRAM..... | 571-8707 |
| PERINATAL NETWORK..... | 572-0954 |
| PETROLEUM STORAGE | 571-3314 |
| PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM | 571-3446 |
| PUBLIC HEALTH NUISANCES..... | 571-3678 |
| PUBLIC WATER SUPPLY | 571-3323 |
| RABIES CONTROL | 571-2290 |
| RADIOLOGICAL HEALTH | 571-3313 |
| SEWAGE SPILLS | 571-3323 |
| SEXUALLY TRANSMITTED DISEASES- CONTROL PROGRAM | 571-2423 |
| SWIMMING POOLS AND BATHING BEACHES | 571-3680 |
| TEMPORARY RESIDENCES | 571-3680 |
| TOBACCO CESSATION PROGRAM | 571-2022 |
| TOBACCO USE | 571-3232 |
| TUBERCULOSIS CONTROL..... | 571-2309 |
| WIC PROGRAM MINEOLA | 571-3449 |
| ELMONT | 571-8228 |
| FREEPORT | 571-8606 |
| HEMPSTEAD | 572-0920 |
| NUMC..... | 572-5809 |
| WESTBURY | 571-9535 |

Board of Health

Bruce A. Lister, Chairman
Norma J. Henriksen, Vice Chair
Lawrence Ravich, M.D.
Samuel M. Gelfand, M.D.
Joan L. Caemmerer

David M. Ackman, M.D., M.P.H.
Commissioner of Health

Nassau County Department of Health
240 Old Country Road, Mineola, New York 11501

Voice: (516-571-3410
Fax: (516) 571-3369
E-mail: deptmail@health.co.nassau.ny.us

240 Old Country Road, Mineola, New York 11501

Voice: (516-571-3410
Fax: (516) 571-3369
E-mail: deptmail@health.co.nassau.ny.us



Thomas R. Suozzi
Nassau County Executive